

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 0 0 5

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

JULY 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(a)(27) of the Act

1861(ss)(a) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ -0-

b. FFY 02 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A, PAGE 9

ATTACHMENT 3.1-B, PAGE 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME

SAME

10. SUBJECT OF AMENDMENT:

TECHNICAL CORRECTIONS, BBA-97

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

GARRY L. MCKEE, PH.D., M.P.H.

IRIS OLESKE

14. TITLE:

DIRECTOR

STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:

IRIS OLESKE
STATE MEDICAID AGENT
WYOMING DEPARTMENT OF HEALTH
OFFICE OF MEDICAID
147 HATHAWAY BUILDING
CHEYENNE WY 82002**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 29, 2001

18. DATE APPROVED:

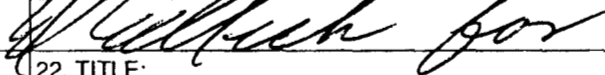
7/31/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: June 28, 2001

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-005

Supersedes

TN No. 91-13

Approval Date 07/31/01 Effective Date 7/1/01

State/Territory: WYOMING

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): Not Applicable

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- b. Transportation.

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

- b. Services provided in Religious Nonmedical Health Care Institutions.

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

- c. Reserved

- d. Nursing facility services for patients under 21 years of age.

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

- e. Emergency hospital services.

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐/ ☐ Provided: ☐/ ☐ No limitations ☐/ ☐ With limitations*

☐/ ☐ Not provided.

* Description provided on attachment

TN No. 01-005

Supersedes

TN No. 87-006

Approval Date 07/31/01 Effective Date 7/1/01